**Cooperating Teacher Verification of Past Student Teachers**

A review of the information returned to us indicated that you have served as a cooperating teacher for other Colleges/Universities in the past. To comply with policy and in order to determine whether you qualify for the “experienced” cooperating teacher stipend rate, I ask that you complete the information on the bottom of this form and return at your earliest convenience.

I wish to thank you for providing this information. This will assist us in keeping current, accurate records on each cooperating teacher and assure that you receive the appropriate stipend when a student teacher is assigned.

Please return to:

Beth McClure, Administrative Assistant Mansfield University

Educational Field Experiences  
55 Wilson Avenue   
Retan Center, Room 204 Mansfield, PA 16933

Or E-mail as an attachment to [bmcclure@mansfield.edu](mailto:bmcclure@mansfield.edu)

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| --- | --- | --- |
| **Print/Type Cooperating Teacher Name:** | | |
|  | | |
| **Student Teacher #1:** |  | |
| Name of Student Teacher: |  | |
| College/University: |  | |
| Dates Assigned: | From: | To: |
|  | | |
| **Student Teacher #2:** |  | |
| Name of Student Teacher: |  | |
| College/University: |  | |
| Dates Assigned: | From: | To: |
|  | | |
| **Student Teacher #3:** |  | |
| Name of Student Teacher: |  | |
| College/University: |  | |
| Dates Assigned: | From: | To: |